

February 4, 2016

16ENV-006

Via Certified Mail #7015 0640 0005 2321 0798
Return Receipt Requested

U.S. EPA Region 7
Air and Waste Management Division
11201 Renner Blvd.
Lenexa, KS 66219

AWMD / WEMM
FEB 09 2016
RECEIVED

RE: Climax Molybdenum Company – Fort Madison, Iowa
RCRA Subtitle C Site Identification Form ID #IAD000222653

Dear Sir or Madam:

Climax Molybdenum Company (Climax) owns and operates a molybdenum plant in Fort Madison, Iowa. As part of these operations, the Climax Facility generates and manages hazardous wastes under a Conditionally Exempt Small Quantity Generator Status. We notified the EPA Region 7 on August 7, 2015 of a change in generator status to Small Quantity Generator due to turnaround activities conducted this summer. Additional activities have generated total hazardous waste for the month in excess of 1000 kg.

Enclosed for your information, is the RCRA Subtitle C Site Identification Form providing subsequent notification of a change in generator status. Please note we consider this a short-term change in generator status and will return to a Conditionally Exempt Small Quantity Generator.

If you have any questions, please do not hesitate to call me at (319) 463-2224 or at Kristine.Thompson@fmi.com.

Sincerely,




Kristine Thompson
Manager, Environmental Compliance & Quality Assurance
Climax Molybdenum Company

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RCRA



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SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)		
2. Site EPA ID Number	EPA ID Number I A D 0 0 0 2 2 2 6 5 3		
3. Site Name	Name: Climax Molybdenum Company		
4. Site Location Information	Street Address: 2598 Highway 61		
	City, Town, or Village: Fort Madison		County: Lee
	State: Iowa	Country: US	Zip Code: 52627
5. Site Land Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. NAICS Code(s) for the Site (at least 5-digit codes)	A. 3 3 1 4 1 0		C.
	B.		D.
7. Site Mailing Address	Street or P.O. Box: PO Box 220		
	City, Town, or Village: Fort Madison		
	State: Iowa	Country: US	Zip Code: 52627
8. Site Contact Person	First Name: Kristine MI: Last: Thompson		
	Title: Manager of Environmental Compliance and Quality		
	Street or P.O. Box: 2598 Highway 61		
	City, Town or Village: Fort Madison		
	State: Iowa	Country: US	Zip Code: 52627
	Email: kristine_thompson@fmi.com		
	Phone: 3194632224	Ext.:	Fax:
9. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner: Climax Molybdenum Company		Date Became Owner: 12-17-1993
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	Street or P.O. Box: 333 N. Central Ave		
	City, Town, or Village: Phoenix		Phone: 3194632201
	State: AZ	Country: US	Zip Code: 85004
	B. Name of Site's Operator: Climax Molybdenum Company		Date Became Operator: 12-17-1993
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities; Complete all parts 1-10.Y ☒ N ☐**1. Generator of Hazardous Waste**

If "Yes," mark only one of the following – a, b, or c.

- ☒ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs/mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs/mo) of acute hazardous spill cleanup material.

- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs/mo) of non-acute hazardous waste.

- ☐ c. CESQG: Less than 100 kg/mo (220 lbs/mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-10.

Y ☐ N ☒

- 2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes," provide an explanation in the Comments section.

Y ☐ N ☒

- 3. United States Importer of Hazardous Waste**

Y ☐ N ☒

- 4. Mixed Waste (hazardous and radioactive) Generator**

Y ☐ N ☒**5. Transporter of Hazardous Waste**

If "Yes," mark all that apply.

- ☐ a. Transporter
☐ b. Transfer Facility (at your site)

Y ☐ N ☒**6. Treater, Storer, or Disposer of Hazardous Waste**

Note: A hazardous waste Part B permit is required for these activities.

Y ☐ N ☒**7. Recycler of Hazardous Waste**Y ☐ N ☒**8. Exempt Boiler and/or Industrial Furnace**

If "Yes," mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒**9. Underground Injection Control**Y ☐ N ☒**10. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒

- 1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes," mark all that apply.

- a. Batteries ☐
b. Pesticides ☐
c. Mercury containing equipment ☐
d. Lamps ☐
e. Other (specify) _____ ☐
f. Other (specify) _____ ☐
g. Other (specify) _____ ☐

Y ☐ N ☒**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.Y ☐ N ☒**1. Used Oil Transporter**

If "Yes," mark all that apply.

- ☐ a. Transporter
☐ b. Transfer Facility (at your site)

Y ☐ N ☒**2. Used Oil Processor and/or Re-refiner**

If "Yes," mark all that apply.

- ☐ a. Processor
☐ b. Re-refiner

Y ☐ N ☒**3. Off-Specification Used Oil Burner**Y ☐ N ☒**4. Used Oil Fuel Marketer**

If "Yes," mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

❖ You can ONLY Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:☐ a. College or University☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or universityY ☐ N ☒ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**11. Description of Hazardous Waste****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	D003	D004	D006	D007	D008
D009	D010	D011	D018	D035	D038	D039
F003	F005	P120	U002	U123	U154	U159
U196	U204	U220				

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

12. Notification of Hazardous Secondary Material (HSM) Activity

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes," you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

Episodic LQG, will return to CESQG.

One-time generation of a lab pack.

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
<i>Kurt Markkola</i>	Kurt Markkola, General Manager	02/04/2016